MINISTRIP JUL 20 2018

990 Parm 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

| Inte | | lue Service | Go to www.irs.gov/Formisso for instructions and the latest im | Offication. | | inspection |
|-------------------------|------------------------|-----------------|--|-------------------------|----------------|--------------------------------|
| <u>A</u> | For the | 2017 cale | endar year, or tax year beginning , 2017, and ending | | | , 20 |
| В | Check if | applicable | C Name of organization Michigan Energy First | DE | mploye | r identification number |
| | Address | change | Doing business as | | | 47-2568177 |
| | Name ch | hange | Number and street (or P O box if mail is not delivered to street address) Room/suite | ET | elephon | e number |
| | Initial ret | turn | 2145 Commons Parkway | | | |
| | Final retu | ım/terminated | Other hands and a second of the second of th | | | |
| 百 | Amende | | Okemos, MI 48864 | G G | iross red | ceipts \$ 15,022,609 |
| $\overline{\Box}$ | | tion pending | | H(a) Is this a group re | eturn for s | ubordinates? Yes No |
| | прріюці | ponomg | Theresa Uzenski, 2145 Commons Parkway, Okemos, MI 48864 | L | | included? Yes No |
| | Tay-eye | mpt status | □ 501(c)(3) □ 501(c) (4) ◀ (insert no) □ 4947(a)(1) or □ 522 | 4 | | list (see instructions) |
| <u>'</u> | Website | | 301(0)(0) 2301(0)(1 4) 4 (mission of 2 4 34) (a)(1) (ii 2 2 2 2 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 | H(c) Group exer | motion i | number ► |
| K | | | ☐ Corporation ☐ Trust ☐ Association ☐ Other ► | | | of legal domicile MI |
| | art I | Summ | | 2014 10 | Otato | or legal definione [VII |
| | _ | | escribe the organization's mission or most significant activities: | | | |
| an. | 1 | • | - | | | |
| õ | | | legislators and the general public on issues facing Michigan, and to advocate | | pation | and obtain grassroots |
| rna | | | for public policies relating to federal, state, or local legislation, and ballot que | | | |
| Ş | 2 | | nis box ▶☐ if the organization discontinued its operations or disposed of | I | 1 | ts net assets. |
| ŏ | 3 | | of voting members of the governing body (Part VI, line-1a) | i | 3 | 3 |
| Activities & Governance | 4 | | | | 4 | 0 |
| Ë | 5 | | mber of individuals employed in calendar year 2017 (Part V, line 2a) | | 5 | 0 |
| ≱ | 6 | | mber of volunteers (estimate if necessary) | | 6 | 0 |
| Ă | 7a | | related business revenue from Part VIII, column (C), line 12 | | 7a | 0 |
| | b | Net unre | elated business taxable income from Form 990-T, line 34 | <u> </u> | 7b | 0 |
| | | | | Prior Year | | Current Year |
| Ð | 8 | Contribu | utions and grants (Part VIII, line 1h) | 3,00 | 0,000 | 15,000,000 |
| Ę | 9 | Program | service re venue (Part VIII, line 2g) | | | |
| Revenue | 10 | Investme | ent income (Part vf)[_column\(A)_lines 3, 4, and 7d) | | 7,407 | 22,609 |
| Œ | 11 | Other rev | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | |
| | 12 | Total rev | renue – add dines & through 11 (must equaliPart VIII, column (A), line 12) | 3,00 | 7,407 | 15,022,609 |
| _ | 13 | Grants a | and similar amounts paid (Part X) column (A), lines 1-3) | 1,11 | 0,000 | 2,143,172 |
| | 14 | | paid to of foremembers (Part IX, column (A), line 4) | | | |
| G | 1 4- | | other corripensation employee benefits (Part IX, column (A), lines 5-10) | | | |
| Expenses | 16a | | onal fundraising fees (Part IX, column (A), line 11e) | | | |
| ber | . b | | ndraising expenses (Part IX, column (D), line 25) ▶ | | | |
| Щ | 17 | | openses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3 22 | 4,397 | 1,308,014 |
| | 18 | | penses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | 4,397 | 3,451,186 |
| | 19 | | e less expenses. Subtract line 18 from line 12 | <1,326 | | 11,571,423 |
| _ | | Hoveriac | | ginning of Curren | | End of Year |
| ts o | 20 20 | Total acc | sets (Part X, line 16) | | 6,229 | 14,737,652 |
| SSE | 21 | | bilities (Part X, line 26) | 3,10 | 0,223 | 14,737,032 |
| Net Assets or | 22 | | ets or fund balances. Subtract line 21 from line 20 | 2.10 | 6,229 | 14 727 652 |
| | art II | | iture Block | 3,10 | 10,225 | 14,737,652 |
| | | | | | | |
| tr | nder pena ue correc | aities of perji | ury, I declare that I have examined this return, including accompanying schedules and statements between the preparer (other than officer) is based on all information of which preparer h | ans, and to the b | est of fr e | ly knowledge and beller, it is |
| _ | | 1 | Start and he House | | <u>: 10</u> | 2 /10 |
| C: | | = | Merisa M. a. a. | | ~ <i>/</i> v | 7.11. |
| | gn | Sigi | nature of officer | | | |
| н | ere | | Theresa M. Ozen | | | |
| _ | | 1, | e or print name and title | | | |
| P | aid | Print/Ty | ype preparer's name Preparer's signature | | | |
| | repare | er 📖 | | | | |
| | se On | | name • | | | |
| _ | | | address ▶ | | | |
| 1.4 | ov tho II | DC discour | es this return with the preparer shown above? (s | | | |

For Paperwork Reduction Act Notice, see the separate instructions.



| Part IV | Checklist of Required Sche | dules |
|---------|----------------------------|-------|

| | | | Yes | No |
|------|---|-----|-------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | √ |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | 1 | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | | ✓ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | ✓ | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | ✓ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | √ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | √ |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | √ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | ✓ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | | ✓ |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | ✓ |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 1 |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | √ |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11e | | √ |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | · · |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | <u>√</u> |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | ✓ |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | ✓ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | √ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | <u>·</u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | ✓ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | ✓ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | - | ✓ |
| | | Eom | , gan | (2017) |

| Part | V Checklist of Required Schedules (continued) | | 7 | • |
|------|---|-----------|-----|------------|
| | | | Yes | No |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ✓ |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | ✓ | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | √ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | - |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | 1 |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | ✓ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | 1 |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | ✓ |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | ✓ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | ✓ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | , | 2 m | 1, 1, |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | ✓ |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | √ |
| • | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | 260 | | - |
| С | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | ✓ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 200 | | , |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | 30 | | ✓ |
| 01 | Part I | 31 | | 1 |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | <u> </u> | | <u> </u> |
| | complete Schedule N, Part II | 32 | | ✓ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | 1 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | | | 1 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | | V ✓ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 33a | | - |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | ✓ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | 1 | |

| orm 99 | 00 (2017) | | F | Page 🕄 |
|------------|--|-----|------|----------|
| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | ٠., | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | ✓ |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 2 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | ✓ | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4- | | |
| L | , | 4a | | V |
| b | If "Yes," enter the name of the foreign country: | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | 1 | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | _/ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 1 |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | - |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 00 | | - |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | 1 |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | : | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | ✓ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| _ | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| , b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | هد ا | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Section 501(c)(12) organizations. Enter: | - | | |
| 11 | Gross income from members or shareholders | | | |
| a b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| ~ | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand | | | |

14a Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a 14b

| Part | Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and | | | | | |
|--------|--|-----------|----------|--------------|--|--|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | |
| Secti | on A. Governing Body and Management | | | | | |
| | | | Yes | No | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 3 | | | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | | | |
| | if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | |
| L | | | | | | |
| ь 2 | Enter the number of voting members included in line 1a, above, who are independent . 1b 0 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | | | |
| _ | any other officer, director, trustee, or key employee? | 2 | | ✓ | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | • | | |
| _ | supervision of officers, directors, or trustees, or key employees to a management company or other person? . | 3 | | ✓ | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | ` | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | √ | | |
| 6 | Did the organization have members or stockholders? | 6 | | 1 | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | | | |
| | one or more members of the governing body? | 7a | | ✓ | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | |
| _ | stockholders, or persons other than the governing body? | 7b | | ✓ | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | | | |
| _ | the year by the following: | | | | | |
| a | The governing body? | 8a 8b | ✓ | | | |
| ь 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | ab | V | | | |
| _ | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | 1 | | |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | • | ode.) | | | |
| | | | Yes | No | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | ✓ | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | ✓ | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | ✓ | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | √ | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | ✓ | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 40- | , | | | |
| 13 | Did the organization have a written whistleblower policy? | 12c 13 | √ | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | ▼ | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | • | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | √ | | |
| b | Other officers or key employees of the organization | 15b | | ✓ | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | | |
| | with a taxable entity during the year? | 16a | | <u> </u> | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | | | |
| Secti | on C. Disclosure | וטט | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section | 5016 | c)(3)s | only) | | |
| | available for public inspection. Indicate how you made these available. Check all that apply. | , | , | , | | |
| | ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of interest of the conflict of the conflic | erest (| oolicy | , and | | |
| | financial statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re- | cords: | | | | |
| | Theresa Uzenski, 2145 Commons Parkway, Okemos, MI 48864 517-977-0417 | | | | | |

| Form 990 (2) | 017) |
|--------------|------|
|--------------|------|

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| ☐ Check this box if neither the organization noi | any relate | d orga | aniz | atio | n c | ompe | nsa | ited any currer | nt officer, directo | r, or trustee. |
|--|--|--------|-----------------------|---------|---------------|------------------------------|--------|--|--------------------------------------|--|
| | | | | • |) | | | | | |
| (A) | (B) | (do n | ot ch | | ition more | than o | one | (D) | (E) | (F) |
| Name and Title | Average hours per week (list any | office | er and | dad | rect | is both or/trust | tee) | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Theresa Uzenski | 4 | | | | | | | | | |
| Director, Treasurer | | ✓ | | ✓ | | | | 0 | 0 | |
| (2) Renze Hoeksema | 11 | | | ١. | | | | | | |
| Director, President | | ✓ | <u> </u> | ✓ | | | | 0 | 0 | |
| (3) Eric Doster | 3 | , | | ١, | | | | | | |
| Director, Secretary | | ✓ | | ✓ | | | | 44,695 | 0 | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Part | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
|-------------|---|-----------------------------|---------------------------------|-----------------------|---------|--------------|--|--------------|------------------|---------------------------------------|------------------|----------------|--------------------|------------|
| | | | | | • | C) | | | | | | | | |
| | (A) | (B) | (do n | at ab | | ition | than 4 | 220 | (D) | (E) | 1 | | (F) | |
| | Name and title | Average | Average box, unless person is b | | | | | | Reportable | Reportable | le | Estı | mated | |
| | | hours per | | | | | or/trus | | compensation | compensation | n from | | ount of | |
| | | week (list any hours for | 우方 | Ins | 유 | 줎 | 뭐 | Fo | from the | related organizatio | ons | | ther ensatio | on |
| | | related | d k | 쿹 | Officer | y er | plo | Former | organization | (W-2/1099-N | | | n the | |
| | | organizations | | Institutional trustee | ` | Key employee | yee cc | ٦ | (W-2/1099-MISC) | | | - | nization | |
| | | below dotted line) | 7 👮 | al t | | oye | ă | | | | | | related ization | |
| | | """, | stee | ļs, | | Ψ | ens | | | | | 3 | | |
| | | | | ĕ | | | Highest compensated employee | | | | | | | |
| (15) | <u> </u> | | | Н | | \vdash | <u> </u> | \vdash | | | _ | | | |
| (13) | | | | | | | | | | | | | | |
| (4.6) | | 1 | | | | - | | ├ | | | - | | | |
| (16) | | - | | | | | | | | | | | | |
| (4.7) | | | | \vdash | | - | - | \vdash | + | | -+ | | | |
| <u>(17)</u> | | | | | | | | | | | | | | |
| | | | | | | | | <u> </u> | - | | | | | |
| (18) | | ļ | | | | | | | | | | | | |
| | | | | | | <u> </u> | ļ | ļ | | | | | | |
| (19) | | | | | | | | | | | | | | |
| | | | | | | <u> </u> | | <u> </u> | | | | | | |
| (20) | | ļ | | | | 1 | | | | | | | | |
| | | | <u></u> | | | <u>L</u> | | <u> </u> | | | | | | |
| (21) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| (22) | | | ļ | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| (23) | - | | | | | | | | _ | | | | | |
| | | 1 |] | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| 3 | | 1 | 1 | | | | | 1 | | | | | | |
| (25) | | | | <u> </u> | · · · · | l | | — | | | | | | |
| 3 | | † | | | | ł | | | | | | | | |
| 1b | Sub-total | | <u> </u> | | _ | | | ▶ | | | | • | | |
| C | Total from continuation sheets to Part | | n A | | | | | • | | | | | | |
| d | Total (add lines 1b and 1c) | | | | | | | • | 44.695 | | 0 | | | 0 |
| 2 | Total number of individuals (including but | | | | | | | 2) W | | | | | | |
| _ | reportable compensation from the organ | | 10 11 | 1036 | ; IISI | icu i | abovi | <i>-)</i> •• | nio received in | ore than wi | 00,000 (| JI | | |
| | Toportable compensation from the organ | 24110111 | | | | | | | | | | | Yes | T |
| 3 | Did the organization list any former of | ficer direc | tor c | nr tr | ust | <u>م</u> و | kev (| ≏mr | olovee or high | est compe | nsated | [| res | No |
| J | employee on line 1a? If "Yes," complete | | | | | | | | | • | | 3 | | 1 |
| 4 | | | | | | | | | | | | - 3 | | V |
| 4 | For any individual listed on line 1a, is the organization and related organizations | | | | | | | | | | | | | |
| | individual | _ | ан э | | | | | | • | ledule J lo | Sucri | | | |
| _ | Did any person listed on line 1a receive of | | | | | | | | | · · · · | ، ، المناطيية | 4 | - | / |
| 5 | for services rendered to the organization | | | | | | | | | | | | | |
| | | : II Tes, C | Johnpi | ere | SUI | ieut | ile o i | ior s | sucii person | · · · · · | · · | 5 | | ✓ |
| | on B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest | | | | | | | | | | | | | |
| | compensation from the organization. Rep | ort compe | nsatio | on to | or tr | ne c | alenc | iar y | year ending wit | n or within | tne orga | ınızatıd | on's t | ax |
| | year. | | | | | | | _ | | · · · · · · · · · · · · · · · · · · · | | | | |
| | (A) | leana | | | | | | | (B) | 07/1055 | ~ | (C) | _4 | |
| | Name and business add | iress | | | | _ | | | Description of s | ervices | | ompens | ation | |
| NONE | | | | | | | | | | | | | | |
| | | | | | | | | ऻ_ | | | | | | |
| | | | | | | | | \vdash | | | | | _ | |
| | | | | | | | | <u> </u> | | | | | | |
| | | | | | | | | <u>L.</u> | | , , | | | | |
| 2 | Total number of independent contractor | | | | | | | o th | nose listed abo | ove) who | | | | |
| | received more than \$100,000 of compens | ation from | the or | gan | ızat | ion | • | | NONE | | | | | |

| Part VIII | | Statement of Revenue | | | | | | | | |
|--|-------------|--|--|--|--|--|--|--|--|--|
| | | Check if Schedule O contains a response or not | | | | <u> </u> | | | | |
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | | | | |
| nts | 1a | Federated campaigns 1a | | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues 1b | | | | | | | | |
| | C | Fundraising events 1c | | | | | | | | |
| | d | Related organizations 1d | | | | | | | | |
| ns, | e | Government grants (contributions) 1e | | | | | | | | |
| utio | f | All other contributions, gifts, grants, and similar amounts not included above 1f 15 000 | . | | | | | | | |
| ë ë | | 1. 1. 1. 1.0.000, | 000 | | | | | | | |
| i d | g | Noncash contributions included in lines 1a-1f \$ | 45.000.000 | | | | | | | |
| a C | h | Total. Add lines 1a-1f | 15,000,000 | | | | | | | |
| Program Service Revenue | 2a | | | | | | | | | |
| 3ev | b | | | | | | | | | |
| es | C | | | | | | | | | |
| ervi | d | | | | | | | | | |
| S E | e | | | | | | | | | |
| gra | f | All other program service revenue . | | | | | | | | |
| Pro | g | • | > | | | | | | | |
| | 3 | Investment income (including dividends, interes | st, | | | | | | | |
| | | and other similar amounts) | 22,609 | | | | | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | • | | | | | | | |
| | 5 | Royalties | > | | | | | | | |
| | | (i) Real (ii) Personal | | | | ļ | | | | |
| | 6a | Gross rents | | | 1 | | | | | |
| | b | Less. rental expenses | | | j | | | | | |
| | С | Rental income or (loss) | | | | | | | | |
| | d 7- | Net rental income or (loss) | <u> </u> | | | | | | | |
| | 7a | Gross amount from sales of (i) Securities (ii) Other assets other than inventory | | | 1 | | | | | |
| | b | Less: cost or other basis | _ | | | | | | | |
| | | and sales expenses . | | | | | | | | |
| | C | Gain or (loss) | - | | | | | | | |
| | d | | > | | | | | | | |
| | " | | | | | | | | | |
| Other Revenue | 8a | Gross income from fundraising events (not including \$ | | | | | | | | |
| er Re | | of contributions reported on line 1c). See Part IV, line 18 a | | | | | | | | |
| 돌 | b | Less: direct expenses b | | | | | | | | |
| | | | > | | | | | | | |
| | 9a | Gross income from gaming activities. | | | ļ | | | | | |
| | | See Part IV, line 19 a | | | | | | | | |
| | b | Less: direct expenses b | | | | | | | | |
| | C | | <u> </u> | | | | | | | |
| | 10a | Gross sales of inventory, less | | | | : | | | | |
| | ١. | returns and allowances a | | | | | | | | |
| | b | Less: cost of goods sold b Net income or (loss) from sales of inventory I | > | | | | | | | |
| | | Miscellaneous Revenue Business Cod | | | | | | | | |
| | 11a | | - | | | - | | | | |
| | l la | | - | | | | | | | |
| | C | | | | | | | | | |
| | ď | All other revenue | 1 | | | | | | | |
| | e | | - | | | | | | | |
| | _ | Total revenue See instructions | 45 000 000 | · · · · · · · · · · · · · · · · · · · | | · | | | | |

| OIII 030 (2011) | |
|---|--------|
| Part IX Statement of Functional Expenses | pt. |
| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column | η (A). |

| | Check if Schedule O contains a respon- t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | se or note to any lin (A) Total expenses | e in this Part IX . (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----------------------|---|--|--|-------------------------------------|--------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 2,143,172 | 2,143,172 | general expenses | expenses |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 8 | Other salaries and wages | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| a b | Management | 44,695 | | 44,695 | |
| c | Accounting | 5,300 | | 5,300 | |
| d | Lobbying | | | , | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 273 | | 271 | w |
| 14 | Information technology | 213 | | 271 | |
| 15 | Royalties | |] | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | | | | |
| 20 21 | Interest | | | | |
| 22 | Depreciation, depletion, and amortization . | | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | 990-T and 1120-POL Taxes | 743,418 | | 743,418 | |
| b | Advocacy | 514,328 | 514,328 | | |
| С | | | | | |
| d | | | | | · |
| e | All other expenses | | | | |
| 25 26 | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the | 3,451,186 | 2,657,500 | 793,684 | |
| ∠ 0 | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | | | | |

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 1 3,166,229 14,737,652 2 2 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Assets 7 8 Prepaid expenses and deferred charges . . . 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 11 investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 14 15 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,166,229 14,737,652 17 Accounts payable and accrued expenses 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Vet Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds . 3,166,229 32 14,737,652 33 3,166,229 33 14,737,652

14,737,652

34

3,166,229

| _ | 4 | |
|------|---|---|
| Page | 1 | 4 |

| | | | | | - |
|------|---|-----------|-------------|--------------|----------|
| Part | XI Reconciliation of Net Assets | | | , | • |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 15,02 | 2,609 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 3,45 | 1,186 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 11,57 | 1,423 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 3,16 | 6,229 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | _ |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 14,73 | 7,652 |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | <u> </u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. | piain in | | | |
| 0- | | | 0- | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com- | | 2a | | ✓ |
| | reviewed on a separate basis, consolidated basis, or both: | piled of | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| h | Were the organization's financial statements audited by an independent accountant? | | 2b | | 1 |
| D | If "Yes," check a box below to indicate whether the financial statements for the year were audit | | 20 | | V |
| | separate basis, consolidated basis, or both: | ou o u | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | i | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or | versiaht | | | |
| _ | of the audit, review, or compilation of its financial statements and selection of an independent according | | 2c | | 1 |
| | If the organization changed either its oversight process or selection process during the tax year, e. | oplain in | | | Ė |
| | Schedule O. | • | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth in | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | ✓ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | udits. | 3b | | |
| | | _ | Forr | n 990 | (2017) |
| | | | | | |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| • \$4 | ection 501(c)(4), (5), or (6) orga | nizations: Complete Part III | | | |
|------------------------|--|--|--|---|--|
| | of organization | The state of the s | | Employer ide | ntification number |
| | an Energy First | | | | 47-2568177 |
| Part | I-A Complete if the | e organization is exempt un | der section 501(| c) or is a section 527 | |
| 1 | | the organization's direct and i | | | |
| 2 | | y expenditures (see instructions) | | | \$ |
| 3 | | cal campaign activities (see instru | | | |
| Part | | e organization is exempt un | | | |
| 1 2 3 4a b | Enter the amount of any of the organization incurred Was a correction made? If "Yes," describe in Part | excise tax incurred by the organication excise tax incurred by organization as section 4955 tax, did it file Formular in the control of the c | on managers under orm 4720 for this yo | ear? | \$ |
| Part | I-C Complete if the | e organization is exempt un | der section 501(| c), except section 50 | 1(c)(3). |
| 1 | Enter the amount directly activities | y expended by the filing organ | ization for section | 527 exempt function | \$ |
| 2 | 527 exempt function activ | filing organization's funds contr vities | | ganizations for section ► : | |
| 3 | line 17b | expenditures. Add lines 1 and | | | B |
| 4 5 | Enter the names, address organization made payme the amount of political co | n file Form 1120-POL for this year ses and employer identification neents. For each organization listed ontributions received that were pin fund or a political action commit | umber (EIN) of all s , enter the amount romptly and directly | ection 527 political orgar paid from the filing orgar delivered to a separate | nizations to which the filing nization's funds. Also enter political organization, such |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0- |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

| Schedi | ule C (Form | 990 or 990-EZ) 2017 | | | Page 2 |
|------------|------------------|---|---|----------------------------------|-----------------------------|
| Part | II-A | Complete if the organization section 501(h)). | is exempt under section 501(c)(3) and filed | d Form 5768 (ele | ction under |
| | | address, EIN, expenses, and s | s to an affiliated group (and list in Part IV each affi hare of excess lobbying expenditures). | liated group membe | er's name, |
| B C | heck 🕨 | | ed box A and "limited control" provisions apply. | | |
| | | | ring Expenditures ans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lo | obbying expenditures to influence p | oublic opinion (grass roots lobbying) | | |
| b | Total lo | obbying expenditures to influence a | a legislative body (direct lobbying) | | |
| С | | obbying expenditures (add lines 1a | | | |
| d | | | | | |
| е | | | lines 1c and 1d) | | |
| f | Lobbyi columr | | ne amount from the following table in both | ļ ļ | |
| | If the ar | nount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| | Not ove | r \$500,000 | 20% of the amount on line 1e. | | |
| | Over \$5 | 00,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| | Over \$1 | ,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | |
| | Over \$1 | ,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | |
| | · | 7,000,000 | \$1,000,000. | | |
| g | | oots nontaxable amount (enter 25% | , | | |
| h | | ct line 1g from line 1a. If zero or les | | | |
| į | | ct line 1f from line 1c If zero or les | • | | |
| j | | e is an amount other than zero on ng section 4911 tax for this year? | on either line 1h or line 1i, did the organization | | Yes No |
| | | | ar Averaging Period Under section 501(h) | | |
| | (Som | | tion 501(h) election do not have to complete all separate instructions for lines 2a through 2f.) | of the five column | s below. |
| | | Lobbying l | Expenditures During 4-Year Averaging Period | | |

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)

(a) 2014
(b) 2015
(c) 2016
(d) 2017
(e) Total

Lobbying nontaxable amount

b Lobbying ceiling amount (150% of line 2a, column (e))

c Total lobbying expenditures

d Grassroots nontaxable amount
(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2017

| Part | I-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)). | filed | Form | 5768 | | |
|--------|---|-------------|--------------|--|-------------------|-----------|
| For e | ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed | (| a) | | (b) | |
| | iption of the lobbying activity. | Yes | No | Aı | nount | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | | |
| a b | Volunteers? | | | | | |
| c | Media advertisements? | | | 200 200 200 | orani engantanga | |
| d | Mailings to members, legislators, or the public? | <u> </u> | | _ | | |
| e | Publications, or published or broadcast statements? | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| g h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i | Other activities? | | | | | |
| i | Total. Add lines 1c through 1i | | | | , | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | 178.71146 | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | ************************************** | Service Committee | PROPERTY. |
| С | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | 製製 |
| Part | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). |)(5), | or se | ction | | |
| | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | | <u>√</u> |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | | √ |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | | | l | ✓ |
| r al t | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes." | | | | line 3 | 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | 15 | ,000,0 | 00.00 |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). | of | | | | |
| a | Current year | • | 2a | 1 | ,445,7 | 70.0 |
| b | Carryover from last year | • | 2b | | | |
| C | Total | • | 2c 3 | 1 | ,445,7 | 70.03 |
| 3 4 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues a life notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb | the ying | | | | |
| 5 | and political expenditure next year? | | 4 | | | |
| Par | | • | 5 | | 506,0 | 19.5 |
| Provi | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groinstructions); and Part II-B, line 1. Also, complete this part for any additional information. | oup lis | t); Pa | t II-A, I | ines 1 | and |
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| | rm 990 or 990-EZ) 2017 | Page 4 |
|---------|--------------------------------------|--------------|
| Part IV | Supplemental Information (continued) | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

| Michigan Energy First | | | | | | | 47-2568177 |
|--|---|---------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information | | | | | | | - |
| Does the organization mainta | | | unt of the grants or | assistance, the g | rantees' eligibility fo | r the grants or assistar | |
| the selection criteria used to | _ | | | | | | · · 🗌 Yes 🗌 No |
| 2 Describe in Part IV the organi | <u> </u> | | | | | | |
| Part II Grants and Other As | | | | | | | |
| 990, Part IV, line 21, f | or any recipient | | | | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) 21st Century Fund | | | | | | | |
| PO Box 130611, Ann Arbor, MI 48113 | 38-1323848 | 527 | 250,000 | | | | Unrestricted Donation |
| (2) Michigan Republican Party Adm | | | | | | | |
| 520 Seymour, Lansing, MI 48933 | 38-1221182 | 527 | 550,000 | | | | Unrestricted Donation |
| (3) Huron Wind Energy Coalition | | | | | | | |
| 144 E. Huron Ave, Bad Axe, MI 48413 | 82-0935029 | 501(c)4 | 438,172 | | | | Unrestricted Donation |
| (4) Making Government Accountab | | | | | | | |
| PO Box 13024, Lansing, MI 48901 | 47-3461382 | 501(c)4 | 200,000 | | | | Unrestricted Donation |
| (5) MI Citizens Fiscal Responsibliti | | | | | | | |
| 106 W Allegan, Lansing, MI 48933 | 27-1993953 | 501(c)4 | 75,000 | | | | Unrestricted Donation |
| (6) American Jobs Council | | | | | | | |
| 106 W Allegan, Lansing MI 48933 | 81-1205783 | 501(c)4 | 50,000 | | | | Unrestricted Donation |
| (7) Empower Michigan | | | | | | | |
| 5420 Beckley Rd, Battle Creek, MI 490 | 20-0335121 | 501(c)4 | 20,000 | | | | Unrestricted Donation |
| (8) Ignite Michigan Fund | | | | | | | |
| 215 S Washington Sq, Lansing, MI 48 | 81-3767259 | 501(c)4 | 20,000 | | | | Unrestricted Donation |
| (9) Michigan Chamber of Commerc | | | | | | | |
| 600 Walnut, Lansing, MI 48933 | 38-1626029 | 501(c)6 | 100,000 | | | | Unrestricted Donation |
| (10) On Duty for Michigan | | | İ | | | | |
| 5915 Eastman Ave, Midland, MI 48640 | 27-4111592 | 501(c)4 | 25,000 | | | | Unrestricted Donation |
| (11) Fund for Michigan Jobs | | | | | | | |
| PO Box 14097, Lansing, MI 48901 | 26/3459676 | 501(c)4 | 100,000 | \ | | | Unrestricted Donation |
| (12) Detroit Regional Chamber | | | | | | | |
| One Woodward, Detroit, MI 48226 | 38-0477570 | 501(c)6 | 125,000 | | | | Unrestricted Donation |
| | 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | | | | | | |
| 3 Enter total number of other or | rganizations listed | in the line 1 table | 9 | · · · · · | | | 15 |

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. | | | | | | |
|----------|--|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|--|
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance | |
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| Part IV | Supplemental Information. Pro | ovide the information re | equired in Part I, Ii | ne 2; Part III, colum | n (b); and any other addition | onal information. | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. - Attach to Form 990. → Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

| Name of the organization | Employer identification number |
|--------------------------|--------------------------------|
| Michigan Energy First | 47-2568177 |

Part II, continued

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

20**17**

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

| Michigan Energy First | 47-2568177 |
|--|--------------------------------|
| PART VI, SECTION B, LINE 15PAYROLL POLICY | |
| The organization has no employees | · |
| · | · |
| PART VI, SECTION B, LINE 11b990 APPROVAL POLICY | |
| The 990 is reviewed by the Board members before filing. | |
| | |
| PART VI, SECTION B, LINE 12CCONFLICT OF INTEREST POLICY | |
| At each Board of Directors' meeting, potential conflicts of interest are discussed as these issues arise | . Board members do not vote on |
| issues where there may be a conflict of interest. | |
| | |
| PART VI, SECTION C, DISCLOSURE | |
| Upon request, the governing documents, financial statements and IRS form 990 are made available to | the public. |
| | |
| PART V, Line 3b | |
| The Organization filed the 2017 1120-POL and a 990-T for the sole purpose of reporting and paying the | proxy tax. |
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| Schedule O (Form 990 or 990-EZ) (2017) | Page 2 |
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| Name of the organization | Employer identification number |
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